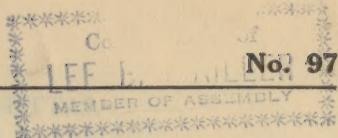
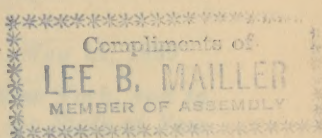


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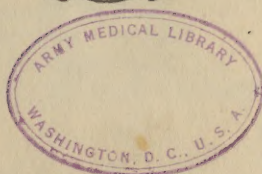


PRELIMINARY REPORT

of the

NEW YORK (STATE)
TEMPORARY LEGISLATIVE COMMISSION
TO FORMULATE A LONG RANGE
STATE HEALTH PROGRAM

Transmitted May 15, 1939



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LETTER OF TRANSMITTAL

ALBANY, N. Y., May 11, 1939

To His Excellency, the Governor of the State of New York, and to the Honorable Members of the Legislature of the State of New York:

The New York State Temporary Legislative Commission to Formulate a Long Range State Health Program has the honor to submit to you for favorable consideration a preliminary report summarizing the findings and recommendations, prepared pursuant to the powers and duties conferred upon it by chapter 682 of the Laws of 1938.

The commission has embraced within its deliberations not only matters requiring immediate attention, but also problems requiring further thorough study, before a long range health program directed toward all groups of the population can be formulated and carried out with efficiency and economy.

Respectfully submitted,

LEE B. MAILLER, *Chairman*, Assemblyman
C. TRACEY STAGG, *Vice-Chairman*, Senator
ROBERT F. WAGNER, JR., *Secretary*, Assemblyman

Legislative Members of Commission:

JACOB J. SCHWARTZWALD,	WARREN O. DANIELS,
Senator	Assemblyman
WALTER W. STOKES, Senator	MEYER GOLDBERG, Assemblyman
FRED A. YOUNG, Senator	JANE TODD, Assemblywoman

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ELSIE M. BOND	HENRY D. O'CONNELL
THOMAS P. FARMER, M.D.	R. V. RICKCORD

Former Legislative Members of Commission:

EMMETT L. DOYLE, Senator
LEON A. FISCHER, Senator
JOSEPH R. HANLEY, Senator
FRANCIS L. McELROY, Senator
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Technical Consultant:

H. JACKSON DAVIS, M.D., Dr.P.H.

(By Appointment of Commission)

NEW YORK STATE TEMPORARY COMMISSION TO FORMULATE A HEALTH PROGRAM

PRELIMINARY RECOMMENDATIONS

1. Establishment of informal interdepartmental committees or councils, on State and local levels—to co-ordinate health and welfare, preventive, diagnostic and curative services conducted by the several governmental departments or agencies (Health, Welfare, Mental Hygiene, Education, Correction, etc.). Full use should be made of authorized representatives of the organized medical and related professions, for advice and counsel in professional matters.

2. Provision for uniform record keeping and compilation of municipal expenditures for public health and medical care—so that a tabulation by the Bureau of Municipal Accounts of the State will immediately reveal expensive duplication and expedite future planning to permit more effective and economical use of public funds.

3. Extension of public health education on a broad base, to provide for every citizen full information on the availability of health and medical facilities and services. Organized voluntary lay and professional groups should actively participate in this State-wide program.

4. Expansion of full-time trained public health personnel and services to provide a more equitable coverage for each county of the State, and an extension of post-graduate education of practicing physicians in the practical application of proven advances in the treatment and control of certain diseases and conditions of public health importance.

5. Integration of public health and school nursing services in a generalized program, with the training and employment of a sufficient number of additional qualified nurses to meet modern standards.

6. Increase the effectiveness of the general practitioner by expansion of county laboratory systems—or approval of existing local laboratories for certain purposes—to make readily available such diagnostic facilities to every community and physician in the State.

7. Establishment of a co-ordinated system of therapeutic and diagnostic tumor and cancer clinics and making available to approved local institutions State or Federal radium,

or x-ray equipment, for specific treatment by qualified radiologists.

8. Promotion of a comprehensive maternity program, to include amendments to the Public Welfare Law and necessary additional legislative appropriations to provide State aid for necessary hospital care of maternity cases in approved institutions.

9. A reorientation of the rôle of the approved general hospital, public or private, in the preventive and curative services of the community, so that:

a. Unnecessary duplication of accommodations or wasteful competition on a local or regional basis may be eliminated;

b. The general practitioner and his patient may make more effective use of the consultant, specialist and laboratory services and modern therapeutic and diagnostic equipment which should be available in an approved general hospital and out-patient department.

c. The general practitioner may have an increased opportunity to treat cases that fall within his sphere of competence, in the patient's home, in the physician's office, or in the hospital. Also, that the general practitioner may have a better opportunity to enjoy the professional benefits incident to working on a hospital staff with his colleagues.

d. Social service in the hospital may be integrated with community social services to provide more effective methods of communication between the hospital and the general practitioner in the interests of continuity of treatment to promote the patient's restoration to health or the best possible social adjustment in the light of his condition.

10. Immediate revision of the State Insurance Law to permit and encourage sound and well-planned voluntary health and medical care insurance schemes as well as expansion of voluntary hospital service insurance with ample provisions for record-keeping, and current analyses to provide actuarial data directly related to the individual health needs, met by the voluntary insurance schemes, in New York State, as one of the bases for the formulation of a long range health program for the State.

RECOMMENDATIONS FOR FURTHER STUDY

1. Thorough study of all aspects of the problem of meeting the demand for compulsory health insurance for wage earners, including their dependents, in fixed income levels.

2. Studies of the relative merits of existing and proposed schemes for public provision of medical care for persons who are unable to secure such care for themselves—and a classification of such schemes according to their applicability to communities varying widely with regard to:

- a. Population composition and density;
- b. Financial resources;
- c. Existing formal public or private medical and health facilities;
- d. Unmet health needs.

3. Study of the need and advisability of amending the Unemployment Insurance Law to provide unemployment insurance benefits for wage earners temporarily incapacitated due to illness, and the evaluation of other actuarially sound statutory and administrative schemes for partial restoration of income, for wage earners temporarily incapacitated by illness. Due consideration should be given to the arguments for and against combining treatment and invalidity certification as dual functions of a practicing physician.

4. Studies of voluntary hospital service and medical care insurance programs and the extent to which, in the light of the amended Constitution of the State of New York, they protect her citizens against the hazards of sickness. Also, an appraisal should be made of the relative significance of commercial health and hospital expense insurance, in relation to non-profit voluntary plans in operation.

5. Special studies in the field of mental hygiene, school hygiene and child guidance, to determine the possibility of a co-ordinated application, in sequence, of the principles of modern preventive and protective science, to the end that an opportunity may be provided for normal development on the basis of the physical and mental equipment found in each child.

6. Development of a school health program, in accordance with the best modern scientific standards, and its integration in a comprehensive long range health program both for the community and for the individual. Due consideration should be given to the desirability of providing for

each child, a continuity of health supervision to assure prompt medical, surgical and corrective services, when needed—from infancy, through childhood and adolescence to maturity.

7. Studies of the need for additional expansion of governmental health and medical care services to meet special health problems such as:

- a. Pneumonia control;
- b. Cancer control;
- c. Syphilis control;
- d. Tuberculosis control—including hospitalization, rehabilitation, and after care;
- e. Dental care and dental hygiene, especially for children;
- f. Drug addiction control, including the provision of a state farm colony for treatment and rehabilitation of addicts;
- g. Physical rehabilitation and social adjustment for permanently handicapped children, as an integral part of the existing State and local program for the care of remediable crippled children; and
- h. Care of chronic illness and infirmity, including adult physical rehabilitation for restoration of earning capacity.

8. Studies of the need for diagnostic laboratory, and consultant and specialist services, as well as a modern clinical, diagnostic and therapeutic armamentarium available to all physicians, through public facility, if necessary. In meeting this need, consideration should be given to the full utilization of existing approved general hospitals.

9. The study of administrative and jurisdictional control by various agencies of State and local government over public health and medical care activities to determine the advisability of consolidation and eradication of overlapping controls, in the interests of efficiency and economy.

10. Establishment of comprehensive health and medical care administrative facilities on a broad basis—by promotion of county health departments—or by establishment of a county medical administration, as a subdivision of State health and/or welfare districts, or as a part of a decentralized administrative authority, specifically designed to carry out a unified long range preventive and curative health program in the State of New York.

NEW YORK STATE TEMPORARY COMMISSION TO FORMULATE A HEALTH PROGRAM

RESOLUTION ADOPTED BY COMMISSION

At a stated meeting of the New York State Temporary Commission to Formulate a Health Program—a majority being present—this PRELIMINARY REPORT of the Commission was unanimously adopted by the members present, with the recommendation that it be submitted to the Governor and the Legislature of the State of New York, by the Chairman, at his convenience, before the expiration of the present Session of the Legislature of the State of New York.

(Signed) LEE B. MAILLER, *Chairman*

Albany, New York, May 10, 1939.

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FOREWORD

In the act creating the New York State Temporary Commission to Formulate a Health Program, the Legislature "finds and declares as the policy of the State:

"That the health of the inhabitants of the State is a matter of State concern;

"That adequate medical care is an essential element of public health;

"That the present efforts of the medical profession, in providing medical care, should be supplemented by the State and local governments;

"That the problem of economic need and the problem of providing adequate medical care are not identical and may require different approaches for their ultimate solution; and

"That a long range State health program directed toward all groups of the population should be formulated and carried out."

This commission has consisted "of four Senators, appointed by the Temporary President of the Senate, five Assemblymen, appointed by the Speaker of the Assembly, four persons appointed by the Governor, one of whom shall be a duly licensed physician, practicing in the State of New York, one of whom shall be the representative of labor, one of whom shall be a representative of the public, and all of whom shall have experience in questions of public welfare and public health."

The commission has investigated, studied and analyzed ways and means for improving and maintaining the health of the people of the State and, subject to the limitations of time and personnel, has attempted to correlate and summarize the variegated wealth of information on the subject which it has been able to assemble, with the co-operation of professional representatives of numerous State departments and public agencies, as well as through public hearings and individual conferences with: experts in the administration of public health and medical care; professional representatives of the State and local medical, dental, and nursing organizations; representatives of labor and industry; representatives of life insurance companies and non-profit hospital expense insurance corporations; representatives of foundations and organizations devoted to the improvement of the health and welfare of the people and the alleviation of the socio-economic consequences of their unmet medical and social needs; medical economists; both fiscal and legislative representatives of the people, engaged in State and local government; and, finally, representatives of potential consumers of medical services—both preventive and curative—through spokesmen of such organizations as the national, State and local Parent Teacher Associations, the National Consumers' League, the Child Welfare League of America, and many others.

The commission takes pleasure in expressing its grateful appreciation to the individuals and agencies who participated so wholeheartedly in the conduct of the public hearings last fall—not only in the several communities of the Adirondack section of New York State, which revealed the needs and problems of the rural areas—but also in the New York City hearings which brought out an overwhelming urge for increased availability of preventive and curative services to the large group of the population not now able to provide such care from its own resources, under the existing organization of such services.

Lack of space in this preliminary report prevents specific acknowledgments to more than a few agencies and individuals. Special mention must be made, however, of the valuable aid rendered to the commission by the State Departments of Health and Social Welfare, not only through the valuable advice furnished by Dr. E. S. Godfrey, Jr., State Commissioner of Health, and the Honorable David C. Adie, State Commissioner of Social Welfare, but also for the factual material furnished by their respective departments and for their courtesy in making available to the commission the services of Dr. John J. Bourke, of the Division of Local Health Administration of the State Department of Health, in the compilation of data relating to the medical and health resources now available in New York State—and the assignment by Commissioner Adie of Dr. H. Jackson Davis, Chief Medical Officer of the State Department of Social Welfare, to act as Technical Consultant to the commission, to assist in its deliberations and in the compilation and completion of this preliminary report.

Finally, the commission has given full consideration to the will of the people expressed in the new amendments to the Constitution of the State of New York, adopted in the last election, wherein power was given to the Legislature to provide for protection, by insurance or otherwise, against the hazards of sickness. In view of the wide disagreement, revealed in the hearings and deliberations of the commission, with regard to the necessary steps which would be most effective in inaugurating a long range health program specifically designed to protect the citizens of New York State against the hazards of sickness and unmet medical needs, the commission endorses the sentiment, expressed in his annual message to the Legislature, by the Governor, the Honorable Herbert H. Lehman, when he said, "It is inadvisable for the State immediately to launch upon a program which will involve very large expenditures without first making a thorough study of all aspects of the problem."

For this reason, the commission offers this preliminary report, with its 10-point program of preliminary recommendations and a 10-point summary of recommendations for future study, with full awareness that many valuable data in its files and elsewhere, require further study and analysis before they can be used in the development of an effective and economical long range health program for the State of New York.

LEE B. MAILLER, *Chairman*

INTRODUCTION

The Legislature of the State of New York has found that the health of the inhabitants of the State is a matter of State concern. If we examine the past history of the public health and public medical care movements in New York State, we find that the situation we face today is a direct result of historical developments which will be traced here briefly in terms of milestones in the organization of public facilities for medical care, in its broadest sense—including not only the general practice of curative and preventive medicine, but also the related specialist and diagnostic services. In the next section the status of the public health will be reviewed.

During the past century, public responsibilities have been assumed in increasing measure: for the protection of our citizens against environmental hazards; for the control of contagion; for improvement of working conditions and the elimination of industrial hazards; for humane and appropriate care of the victims of mental diseases and disorders; for the care and rehabilitation of the physically handicapped; for the treatment, hospitalization and after-care of such serious and prolonged illnesses as tuberculosis, and cancer; for the widespread application of specific protective measures designed to provide immunity against such highly infectious diseases as diphtheria and typhoid fever; and, for the widespread dissemination of information and knowledge so that each citizen of the State can have an equal opportunity for the enjoyment of health, the avoidance of disease, and the postponement, to a more remote date, of the unhappy event of his death.

These developments have been due not only to profound changes in the practice of medicine during the past century, but also to equally drastic changes in the structure of society itself. A century ago, one out of five gainfully employed persons was a wage earner, and owned their own means of production. Today four out of five are wage earners or salaried employees, and only one owns his own means of production. It is important therefore for society to keep all of its members in good health.

In the words of Dr. Henry Sigerist, the eminent medical historian, "Medicine has progressed enormously, and the more it progressed the more expensive medical care has become. For instance: a man a hundred years ago had a definite pain in his abdomen. He went to the doctor. This doctor had studied two years in medical school, had purchased a few simple instruments, a couple of knives, a pair of scissors, and a stethoscope. He rented two rooms and started practice. The doctor examined the patient, asked a few questions, probably prescribed a purgative, and that was all.

"Now, today, a hundred years later, the same patient, coming to the doctor, will meet a practitioner who has studied four years in college and four years in medical school, who has had several years of internship and residency, who was 30 years old before he could begin, not to make a living, but to earn some money; who had to

rent not only two rooms but had to have his own laboratory and expensive instruments and apparatus and x-ray machines, etc., and invest an enormous capital in order to be able to make a bare living. This doctor will perhaps need the advice of specialists. He may have to hospitalize his patient for examination or treatment. He may save many human lives that were lost a hundred years ago, but it is quite obvious that this service costs infinitely more than that rendered a century ago, not because the doctor is greedy, but because all the equipment, appliances, etc., has increased the cost of medical care considerably. . . . Medicine has infinitely more to give today than ever before in history. But many people have not the means to purchase medical care."

The most fundamental reorganization of the health services in New York State was undertaken 25 years ago as a result of the recommendations of the 1913 Legislative Health Commission, which, in a 14-point program of recommendations, brought about an entire reorganization of the State Department of Health through the creation of a Public Health Council with authority to enact sanitary regulations in keeping with the progress of scientific medicine, through the employment of fully qualified public health administrative personnel, and certain fundamental changes in relationships between State and local health authorities by the establishment of sanitary districts. Although after 1913, there were piecemeal amendments to the Public Health Law to meet new administrative problems, and there was another Legislative Health Commission which reappraised the status of the health activities of the State in 1920, there was no basic change inaugurated in the administration of public health in New York State until after the 1931 and 1932 recommendations of the special Health Commission appointed by Governor Franklin D. Roosevelt on May 1, 1930.

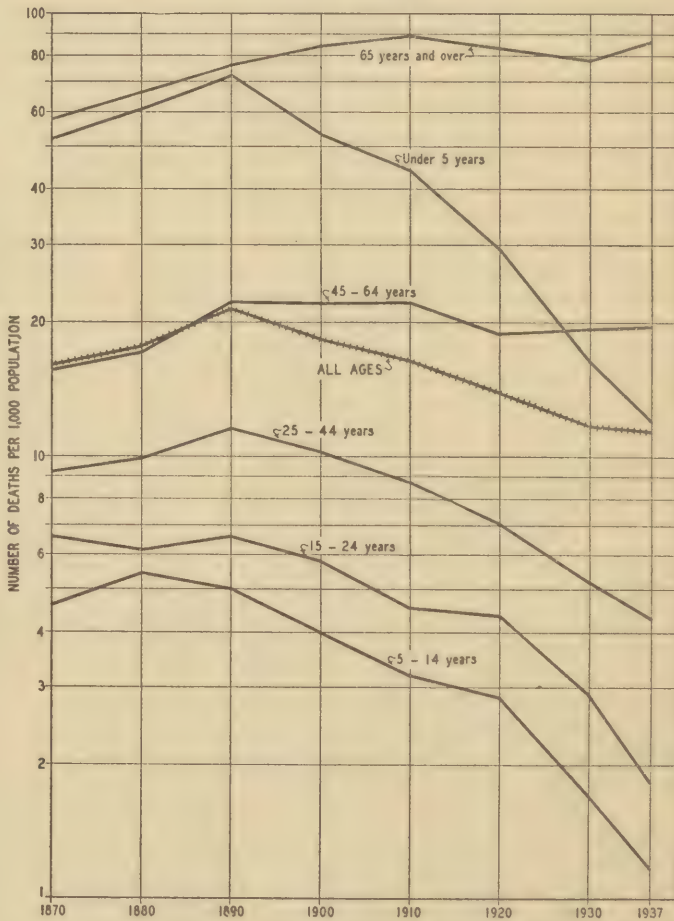
Where the 1913 Health Commission contemplated a fundamental reorganization of health activities on a State level—the 1930 Health Commission was primarily concerned with a fundamental reorganization of local health administration—as well as extension of public health nursing and other basic health services throughout the State, and the inauguration of more effective measures for the control of tuberculosis, cancer and the venereal diseases.

The overwhelming present-day interest in matters of health and medical care are undoubtedly due to the cumulative pressure of historic developments in this field in New York State.

It is significant that the final recommendation of the last State Health Commission was that further legislative consideration be given to the problems of medical care. It is even more germane to the present sentiment "that adequate medical care is an essential element of public health," to review the integrated system of preventive and curative medical service for the State first proposed by Dr. Hermann M. Biggs in 1919, and urged by him as State Health Commissioner through several sessions of the Legislature from 1919 until his death. A careful comparison of the 13 points of Dr. Biggs's Health Center Program with the recommendations contained in this preliminary report once again validates the axiom that there is literally nothing new under the sun.

PRESENT STATUS OF THE PUBLIC HEALTH

GRAPH I
NEW YORK STATE
DEATHS FROM ALL CAUSES BY AGE GROUPS
1870 - 1937



PRESENT STATUS OF THE PUBLIC HEALTH

In the State of New York, as in the Nation, the health record for 1938 was notable for an unprecedented succession of gains. The birth rate (14.0 per thousand population) was the highest in four years and the death rate (10.8) has never been lower in New York State. The infant mortality (41 deaths per thousand live births) was 9 per cent less than the minimum reached in 1937, and the maternal mortality (36 deaths per 10,000 total births), also a minimum, represented a reduction of more than 50 per cent in only eight years. Other minimum rates were those from pneumonia, all forms (48.2); acute and chronic arthritis (67.9); typhoid and para-typhoid (0.4); and diphtheria (0.3)—representing only 40 deaths in the entire state.

On the other side of the picture two new maximum rates were recorded in 1938; that, from diseases of the heart (350.4) and cancer, all forms (148.9).

Gains in Public Health During the Past Half Century—Graph No. 1 on page 16, shows the death rates per thousand population by specific age groups since 1870. A careful review of this graph shows that most of the gains have been made in childhood and youth, and that the 10-year increase in the expected span of human life during the three decades between 1900 and 1930 was primarily due to savings in the younger age groups. Between 1913 and 1930 the death rate in the State for all communicable diseases dropped from 419.3 per 100,000 population to 196.4, and the general death rate dropped 14 per cent during the same period—and has declined an additional 8.3 per cent since 1930. The nature of our present problem is indicated in the continued increase since 1930, as revealed in the graph, of the age specific death rate for all persons over 65 years of age.

This trend is revealed on a national scale by the following startling contrast in mortality data: 50 years ago approximately 94 per cent of all mortality from disease was from acute illness, chiefly infections; today 75 per cent of all mortality from disease is from chronic illness; three out of four are deaths from disease caused by 10 diseases. Listed in descending order, according to the magnitude of their death rates, these diseases are: heart diseases, cancer, pneumonia and influenza, cerebral hemorrhage, nephritis, tuberculosis, diabetes, diarrhea and enteritis, appendicitis and syphilis. All but three of these are chronic. A recent nation-wide sickness census reveals that from seven of those 10 diseases—all but cerebral hemorrhage, diabetes and appendicitis—the death rates mount steadily as income goes down. Hence, the need for an increasing emphasis on equality of opportunity for medical care as a basic essential of any comprehensive health program.

Progress in Sanitation—In New York State, tremendous progress has been made in the last few decades to protect each citizen against the perils of his environment. These perils can be avoided for the most part by the universal provision of pure and safe water and

milk, and the proper treatment and disposal of sewage. In 1938, 1,155 communities containing 90 per cent of the total population were served by 800 public water supplies—and 85 per cent of the entire population was served by water from public supplies which had been either filtered or chlorinated through 390 water purification plants.

The most notable increase has been in the number and distribution of sewer systems and sewage treatment works; in 1930, 20 per cent of the population was served by 134 sewer systems—in 1939, 11 million people, or 82 per cent of the population, was served by 400 sewer systems; and in 1939, 5.5 million persons, or more than one-half of the population provided with sewers, was served by 233 sewage treatment works. Since 1933 more than 57 million dollars of Federal and local funds have been spent in the construction of sewage treatment works and sewer systems, and such systems now under construction will account for an additional 47 million dollars of public funds.

On January 1, 1939, pasteurized milk was available to 99.2 per cent of the population of the State located in 392 municipalities of 1,000 population or over, and in many of the rural communities of lesser population pasteurized milk is available. In New York State, exclusive of New York City, there were 1,337 pasteurizing plants located in 452 municipalities and, in 57 municipalities, including 25 cities and more than two-thirds of the total population of the State, the sale of milk was restricted to pasteurized supplies, with the possible exception of a small amount of certified milk. During the past 21 years there have been 151 milkborne outbreaks of sickness in up-State New York involving 8,382 cases; these outbreaks were due to raw milk with three exceptions,—two of these were due to contaminated pasteurized milk, and one to milk labeled “pasteurized,” although evidence indicated that such milk had not been pasteurized.

The Next Step—Public health is a dynamic science. Great progress has been made in the protection of man against the hazards of his environment. The next step is to protect man against hazards from his fellows or operating within himself. A major attack is required against those causes of diseases and death for the control of which we have scientific weapons of unquestioned power.

This demands a confluence of medical, public health, social and economic measures, to the end that each citizen will have an equal opportunity to enjoy the benefits of the most recent advances in the science of the prevention, alleviation and removal of the hazards of sickness.

HOW MEDICAL CARE IS GIVEN IN NEW YORK STATE

In the aggregate the State of New York has available a reasonably adequate supply of both personnel and organized facilities, such as hospitals and related institutions, for providing all of the elements of a complete program of medical care to protect the inhabitants of the State against the hazards of sickness. Consideration will be given first to the number and distribution of the medical resources, including personnel and institutions. Then an outline will be traced of the use made of these medical resources.

Medical Resources

Entrepreneurs of Medical Care—The medical and related personnel licensed and registered to practice in the State in the year 1938, included:

- | | |
|-----------------------------|--------------------------------|
| 1. 23,564 physicians; | 5. 430 osteopathic physicians; |
| 2. 36,831 nurses; | 6. 1,799 optometrists; |
| 3. 9,924 dentists; | 7. 151 midwives; and |
| 4. 1,243 dental hygienists; | 8. about 15,000 pharmacists; |

A total of almost 90,000 such entrepreneurs of medical care.

These personnel provide services for patients in their own homes, in the offices of practitioners, and in hospitals and related institutions.

Hospitals—In 1938 in New York State more than 58 million patient-days of hospital care was given in a total of 583 hospitals, with a bed capacity of 181,589 beds and 7,992 bassinets. This includes about 16 million patient-days of hospital care given in 334 general hospitals, with a bed capacity of 55,038 beds and 7,222 bassinets.

Geographic Distribution of Physicians and General Hospitals—The basic preventive and curative services provided by general practitioners of medicine and approved general hospitals are available in a varying degree to the inhabitants of New York State who are able to pay for such care from their own resources, or for whom care is available at public expense, or through private philanthropy.

The availability, on a geographic basis, of these services and facilities is revealed: in Map No. 1, on page 22, showing the location of physicians in the State; and, in Map No. 2, on page 23, showing the availability of approved general hospitals, on the same basis.

Number and Distribution of General Practitioners, Specialists and Beds in Approved General Hospitals—The availability of private practitioners of medicine, engaged in general practice or in practice restricted to a specialty, as well as beds in approved general hospitals, is revealed in Table No. 1, on page 24, which shows, by counties, in New York State, exclusive of New York City, the ratio of population to each of these three basic essentials in a preventive and curative program of medical care designed to serve every citizen of the State.

Number and Distribution of Medical Care Personnel—A more detailed analysis of the primary personnel licensed or registered by the State of New York to provide medical care and related services in the State is presented in Table No. 2, on page 25, to show the distribution by counties and New York City of 73,942 entrepreneurs of medical care.

Pharmacists and Druggists—In addition there are about 15,000 registered pharmacists and druggists in the State who participate in the distribution of medicinal preparations and medical supplies used in the treatment or correction of disease or infirmity.

Public Health Nurses in a Generalized Program—The public health nurse working in a community under public auspices on a generalized program should be the right arm of the health officer and the private physician in the distribution and interpretation of both the preventive and curative services for all the people.

The availability of the 523 public health nurses engaged in a generalized public health nursing program under public auspices in New York State, exclusive of New York City, is graphically portrayed in Map No. 3, on page 26, which shows by counties the distribution of such nurses in relation to population. The population ratios to these public health nurses in each country are shown in Table No. 3, on page 27.

Attention should be called to the fact that experts in public health administration agree that an effective generalized public health nursing program cannot be provided in a community where the ratio of public health nurses to population is less than 1 to 5,000. This standard is met in only two counties in New York State, in one of which a lone public health nurse serves a whole county with a total population of 3,929 persons; 25 more counties have public health nurses in ratios between 1 to 5,000 and 1 to 10,000 of population; and an additional 31 counties have woefully inadequate public health nursing facilities since the ratio of such nurses to the population in each instance is less than 1 to 10,000; finally, one county has no public health nurse.

It is significant that, while only 523 public health nurses are engaged in a generalized public health nursing program under public auspices in up-State New York, there are an additional 151 public health nurses employed by boards of health and assigned to school work; 538 nurses employed by city or village boards of education; and about 550 more nurses employed on a salary basis by private nursing organizations, insurance companies and industry.

Registered Nurses—However, of the 17,784 registered nurses in New York State, exclusive of New York City, the 1,760 nurses employed on a salary basis by public or private health organizations represent less than 10 per cent of the total.

These 17,784 nurses are tabulated in Table No. 4, on page 28, by counties, by type of work, and by type of employer, including governmental and non-governmental agencies.

Number and Distribution of Physicians—A total of 8,899 physicians, among the 23,564 physicians licensed to practice in New York State, are distributed through the cities and counties of the State outside of New York City. It is significant that only two-thirds of these up-State physicians are engaged in private general practice; whereas 1,327 are engaged in private practice limited to a specialty; 650 are residents in hospitals and institutions; 210 are interns; 305 are teachers; 105 are in public health work; 66 in laboratory work; and, 415 retired or not in practice—or a total of 8,484 physicians actively engaged in work relating to their profession.

These 8,899 physicians in New York State, exclusive of New York City, are classified in Table No. 5, on page 31, by counties and by types of practice or professional activity in which they are engaged.

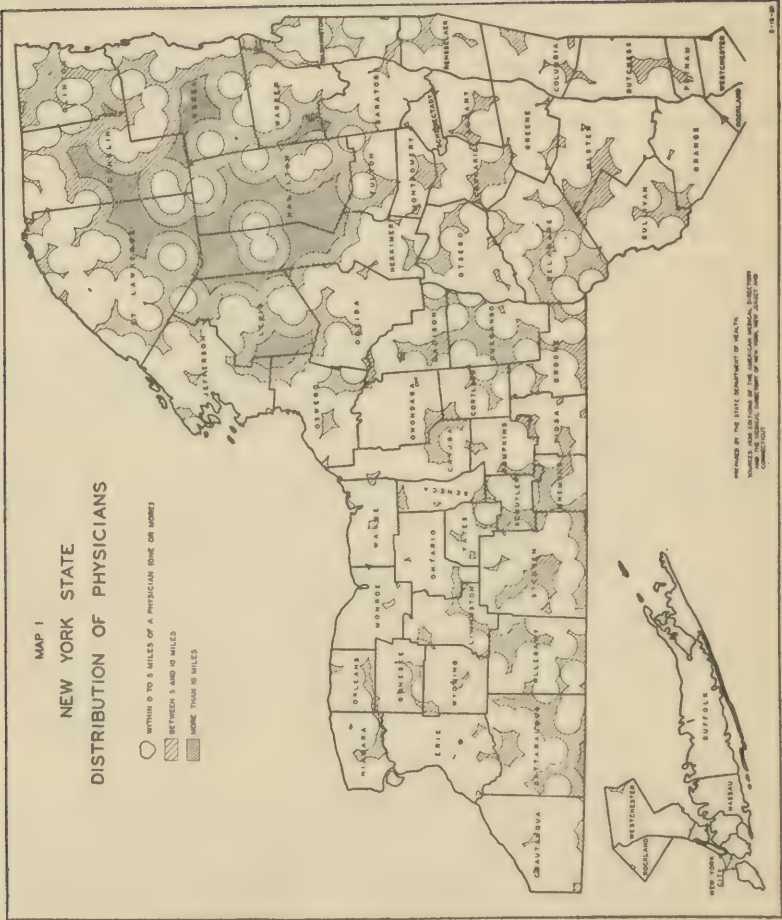
Number and Distribution of All Hospitals—The 423 hospitals in New York State, exclusive of New York City, had, according to the 1938 directories, a capacity of 119,522 beds. These hospitals and hospital beds are classified by counties; by type of facilities general or special; by administrative operation, governmental or non-governmental, in Table No. 6, on pages 32 to 35.

It should be noted that the non-governmental facilities comprise 292 hospitals with 25,915 beds; the governmental hospitals—Federal, State, county and municipal—comprise 131 hospitals with 93,607 beds, which include 27 State mental hospitals with a bed capacity of 74,242.

Number and Distribution of Special Hospitals—In New York State, exclusive of New York City, there are 190 special hospitals with a bed capacity of 92,553; 111 of these hospitals with a bed capacity of 7,411 are operating under non-governmental auspices; 79 hospitals, with a capacity of 85,102, are operating under governmental auspices—with the major responsibility being assumed by the State, primarily for the care of mental disease and tuberculosis, through 34 hospitals, with a bed capacity of 76,067. The geographic distribution of these special hospitals, showing the number, special purpose and operating agency—is graphically portrayed in Map No. 4, on page 36.

Number and Distribution of Diagnostic Laboratories—In New York State 424 hospitals operate their own clinical laboratory and 96 hospitals send out all of their laboratory diagnostic work. In New York State, exclusive of New York City, there are 130 local diagnostic laboratories approved by the State Department of Health and located in 44 of the 57 up-State counties. The number and distribution of these local approved laboratories is portrayed in Map No. 5, on page 37.

The progress and the development of local laboratory service in the State is revealed in the fact that in 1915, 102,000 examinations were made in these approved laboratories contrasted with 3,956,092 such laboratory diagnostic examinations in 1938, and on the State level during the same 23-year period the increase has been from 48,000 to 651,903 examinations made in the Division of Laboratories and Research of the State Department of Health.

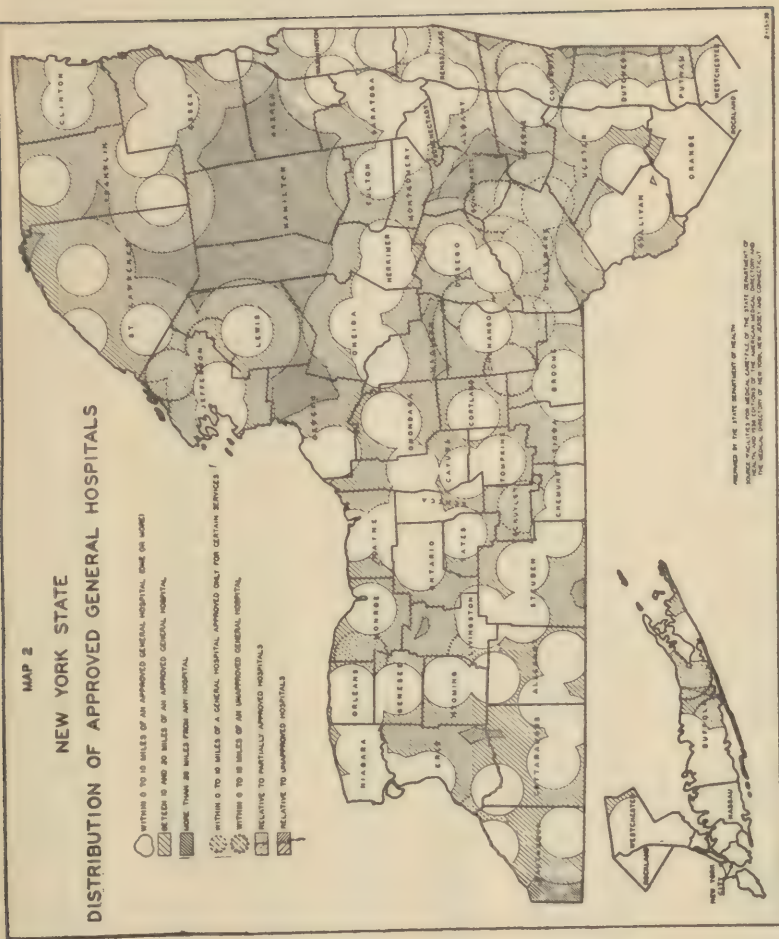


MAP 2

NEW YORK STATE

DISTRIBUTION OF APPROVED GENERAL HOSPITALS

- WITHIN 0 TO 10 MILES OF AN APPROVED GENERAL HOSPITAL, ONE OR MORE
- ◐ BETWEEN 10 AND 20 MILES OF AN APPROVED GENERAL HOSPITAL
- ◑ MORE THAN 20 MILES FROM ANY HOSPITAL
- ◒ WITHIN 0 TO 10 MILES OF A GENERAL HOSPITAL, APPROVED ONLY FOR CERTAIN SERVICES
- ◓ WITHIN 0 TO 10 MILES OF AN UNAPPROVED GENERAL HOSPITAL
- ◔ RELATIVE TO PARTIALLY APPROVED HOSPITALS
- ◕ RELATIVE TO UNAPPROVED HOSPITALS



PREPARED BY THE STATE DEPARTMENT OF HEALTH
 FROM DATA OBTAINED FROM THE STATE DEPARTMENT OF HEALTH
 AND THE STATE DEPARTMENT OF SOCIAL SERVICES
 THE BUREAU OF STATISTICS AND RESEARCH

TABLE NO. 1
NEW YORK STATE
(Exclusive of New York City)

Number, distribution and ratio to population, by counties, of physicians and hospital beds.^{*}
The licensed physicians, engaged in private practice are classified by general practice and practice limited to a specialty; and the hospital beds are restricted to approved general hospitals.

COUNTY	Population estimated as of July 1, 1938 (1)	No. of physicians in general practice (2)	Popu- lation per general practi- tioner (3)	No. of physicians limiting practice to specialty (4)	Popu- lation per specialist (5)	No. of beds in approved* general hospitals (6)	No. of beds per 1,000 popu- lation (7)
Albany.....	223,058	200	1,115	62	3,598	993	4.5
Allegany.....	38,531	36	1,070	.....	.....	95	2.5
Broome.....	158,610	140	1,133	67	2,367	1,097	6.9
Cattaraugus.....	73,015	70	1,043	8	9,127	199	2.7
Cayuga.....	63,110	61	1,035	16	3,944	249	3.9
Chautauqua.....	132,018	103	1,282	24	5,501	290	2.2
Chemung.....	76,973	68	1,132	13	5,921	429	5.6
Chenango.....	34,540	32	1,079	2	17,270	83	2.4
Clinton.....	45,537	37	1,231	10	4,554	292	6.4
Columbia.....	42,247	36	1,174	5	8,449	115	2.7
Cortland.....	32,817	37	887	5	6,563	154	4.7
Delaware.....	41,163	41	1,004	.....	.....	.....	.....
Dutchess.....	102,932	113	911	36	2,859	433	4.2
Erie.....	813,786	808	1,007	205	3,970	3,209	3.9
Essex.....	35,102	49	716	4	8,776	96	2.7
Franklin.....	46,741	51	916	13	3,595	164	3.5
Fulton.....	47,320	55	860	5	9,464	120	2.5
Genesee.....	47,249	37	1,277	6	7,875	451	9.5
Greene.....	25,960	35	742	1	25,960	62	2.4
Hamilton.....	3,929	8	491	.....	.....	.....	.....
Herkimer.....	64,624	63	1,026	4	16,156	119	1.8
Jefferson.....	84,141	76	1,107	22	3,825	292	3.5
Lewis.....	23,574	17	1,387	1	23,574	49	2.1
Livingston.....	36,168	46	786	5	7,234	26	0.7
Madison.....	39,900	52	767	4	9,975	147	3.7
Monroe.....	452,666	368	1,230	160	2,829	2,311	5.1
Montgomery.....	61,006	50	1,220	7	8,715	212	3.5
Nassau.....	381,051	366	1,041	57	6,685	781	2.0
Niagara.....	162,447	145	1,120	13	12,496	518	3.2
Oneida.....	199,498	194	1,028	54	3,694	1,157	5.8
Onondaga.....	311,877	283	1,102	66	4,725	1,178	3.8
Ontario.....	54,972	55	999	18	3,054	700	12.7
Orange.....	132,152	126	1,049	33	4,005	795	6.0
Orleans.....	28,905	28	1,032	2	14,453	74	2.6
Oswego.....	69,711	59	1,182	5	13,942	177	2.5
Otsego.....	47,198	47	1,004	9	5,244	160	3.4
Putnam.....	15,004	15	1,000	1	15,004	31	2.1
Rensselaer.....	122,690	110	1,115	29	4,231	585	4.8
Rockland.....	62,082	82	757	12	5,174	159	2.6
St. Lawrence.....	90,012	77	1,169	13	6,924	281	3.1
Saratoga.....	64,830	63	1,029	9	7,203	129	2.0
Schenectady.....	131,729	121	1,089	30	4,391	285	2.2
Schoharie.....	19,746	23	859	.....	.....	.....	.....
Schuyler.....	12,982	11	1,180	.....	.....	.....	.....
Seneca.....	22,560	30	752	5	4,512	58	2.6
Steuben.....	83,007	77	1,078	9	9,223	756	9.1
Suffolk.....	169,067	211	801	44	3,842	693	4.1
Sullivan.....	36,176	47	770	7	5,168	102	2.8
Tioga.....	26,023	34	765	2	13,012	68	2.6
Tompkins.....	44,148	39	1,132	22	2,007	128	2.9
Ulster.....	81,405	83	981	17	4,789	252	3.1
Warren.....	35,245	44	801	18	1,958	95	2.7
Washington.....	45,862	40	1,147	1	45,862	134	2.9
Wayne.....	49,380	57	866	6	8,290	94	1.9
Westchester.....	593,744	606	980	157	3,782	2,843	4.8
Wyoming.....	28,764	38	757	2	14,382	135	4.7
Yates.....	17,196	24	717	1	17,196	57	3.3
Total Update.....	5,986,180	5,824	1,028	1,327	4,511	24,112	4.0

* Hospitals with full approval by American Medical Association.

[†] Data from Directory of American Medical Association, 1938 Edition.

TABLE NO. 2

(By Counties)

Distribution of personnel licensed or registered by the State of New York to provide medical care and related services.

(1)	Physicians M.D. (2)	Osteo- pathic physicians D.O. (3)	Dentists D.D.S. (4)	Dental hygienists (5)	Nurses R.N. (6)	Optome- trists (7)	Mid- wives* (8)
N. Y. State.....	23,564	430	9,924	1,243	36,831	1,799	151
N. Y. City.....	15,080	159	6,500	518	19,047	968	8
Total Upstate.....	8,484	271	3,424	725	17,784	831	143
COUNTY							
Albany.....	412	7	119	12	813	32	4
Allegany.....	36	.....	20	4	52	8	.....
Broome.....	269	11	68	27	868	26	3
Cattaraugus.....	81	3	42	8	140	12	1
Cayuga.....	77	4	32	8	197	16	1
Chautauqua.....	129	5	64	15	309	15	3
Chemung.....	95	5	38	8	305	9	2
Chenango.....	34	1	17	3	75	10	1
Clinton.....	56	.....	19	3	149	6	.....
Columbia.....	44	.....	16	4	133	6	.....
Cortland.....	43	2	15	.....	152	7	2
Delaware.....	41	.....	15	6	55	8	.....
Dutchess.....	224	3	72	9	531	13	4
Eric.....	1,246	28	555	40	1,875	96	40
Essex.....	61	1	18	8	137	6	.....
Franklin.....	85	.....	26	3	150	6	3
Fulton.....	64	1	27	1	154	10	.....
Genesee.....	57	4	22	21	66	6	.....
Greene.....	36	.....	11	4	71	3	.....
Hamilton.....	8	.....	2	.....	4	.....	.....
Herkimer.....	67	2	29	9	151	15	3
Jefferson.....	101	5	39	18	283	15	.....
Lewis.....	18	1	5	3	45	3	.....
Livingston.....	57	.....	18	11	113	6	.....
Madison.....	56	1	21	4	113	8	.....
Monroe.....	666	25	327	137	1,539	71	1
Montgomery.....	62	1	27	4	209	5	3
Nassau.....	454	12	235	43	822	40	4
Niagara.....	169	8	84	11	357	17	3
Oneida.....	274	10	94	31	788	31	7
Onondaga.....	493	25	167	29	1,025	50	7
Ontario.....	86	4	28	13	263	11	.....
Orange.....	194	7	77	10	407	31	3
Orleans.....	30	3	13	6	40	6	.....
Oswego.....	65	2	33	17	128	6	.....
Otsego.....	74	6	19	3	153	12	.....
Putnam.....	17	.....	7	1	31	1	.....
Rensselaer.....	153	6	52	4	493	19	.....
Rockland.....	111	3	33	3	198	8	3
St. Lawrence.....	116	3	88	2	276	13	1
Saratoga.....	79	2	25	5	192	7	3
Schenectady.....	162	6	65	15	408	23	6
Schoharie.....	23	.....	10	4	21	1	.....
Schuyler.....	11	1	6	.....	24	2	.....
Seneca.....	38	1	11	7	118	3	.....
Steuben.....	99	5	44	15	184	9	.....
Suffolk.....	294	8	104	14	449	18	10
Sullivan.....	59	1	25	9	45	4	1
Tioga.....	36	.....	10	3	51	3	.....
Tompkins.....	86	3	23	10	195	8	.....
Ulster.....	104	3	40	8	283	8	.....
Warren.....	65	4	22	2	177	8	.....
Washington.....	42	2	14	5	86	6	.....
Wayne.....	64	3	24	5	97	8	1
Westchester.....	896	32	384	74	1,716	53	23
Wyoming.....	41	1	14	2	33	4	.....
Yates.....	27	1	9	4	35	3	.....

* Approximate estimate given by Department of Education.

* Licensed by the State Department of Health; all others by State Department of Education.

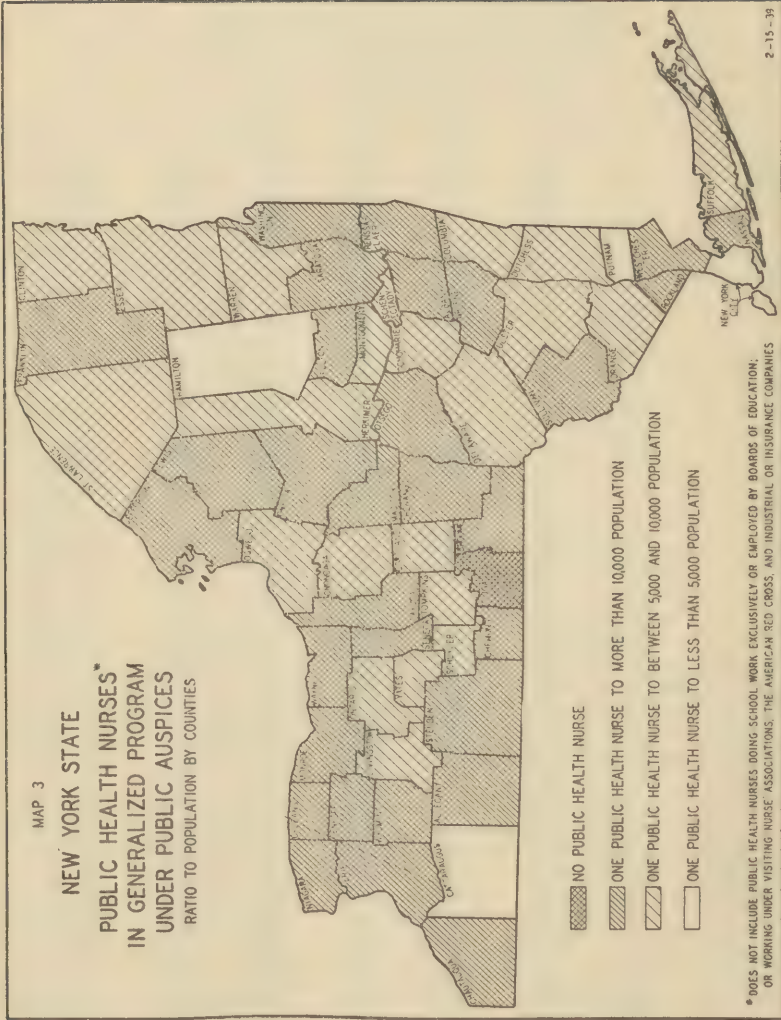


TABLE NO. 3
NEW YORK STATE
(Exclusive of New York City)

Number, distribution, and ratio to population of public health nurses* engaged in a generalized public health nursing program, under public auspices — classified by counties.

COUNTY	Population (estimate as of July 1, 1938)	Public Health Nurses (Feb. 23, 1939)	Popu- lation per nurse	COUNTY	Population (estimate as of July 1, 1938)	Public Health Nurses (Feb. 23, 1939)	Popu- lation per nurse
Albany.....	223,058	15	14,871	Onondaga.....	311,877	46	6,780
Allegany.....	38,531	3	12,844	Ontario.....	54,972	6	9,162
Broome.....	158,610	15	10,574	Orange.....	132,152	18	7,342
Cattaraugus..	73,015	17	4,295	Orleans.....	28,905	2	14,453
Cayuga.....	63,110	4	15,778	Oswego.....	69,711	7	9,959
Chautauqua..	132,018	11	12,002	Otsego.....	47,198	2	23,599
Chemung.....	76,973	6	12,829	Putnam.....	15,004	6	2,501
Chenango.....	34,540	1	34,540	Rensselaer....	122,690	10	12,269
Clinton.....	45,537	5	9,107	Rockland.....	62,082	3	20,694
Columbia.....	42,247	6	7,041	St. Lawrence...	90,012	17	5,295
Cortland.....	32,817	5	6,563	Saratoga.....	64,830	4	16,208
Delaware.....	41,163	6	6,861	Schenectady....	131,729	15	8,782
Dutchess.....	102,932	14	7,352	Schoharie.....	19,746	2	9,873
Erie.....	813,786	46	17,691	Schuyler.....	12,982	2	6,491
Essex.....	35,102	4	8,776	Seneca.....	22,560	1	22,560
Franklin.....	46,741	4	11,685	Steuben.....	83,007	8	10,376
Fulton.....	47,320	3	15,773	Suffolk.....	169,067	17	9,945
Genesee.....	47,249	4	11,812	Sullivan.....	36,176	1	36,176
Greene.....	25,960	2	12,980	Tioga.....	26,023	.....	.....
Hamilton.....	3,929	1	3,929	Tompkins.....	44,148	7	6,307
Herkimer.....	64,624	7	9,232	Ulster.....	81,405	9	9,045
Jefferson.....	84,141	5	16,828	Warren.....	35,245	6	5,874
Lewis.....	23,574	1	23,574	Washington....	45,862	4	11,466
Livingston....	36,168	6	6,028	Wayne.....	49,380	3	16,460
Madison.....	39,900	1	39,900	Westchester....	593,744	58	10,237
Monroe.....	452,666	14	32,333	Wyoming.....	28,764	2	14,382
Montgomery..	61,006	10	6,101	Yates.....	17,196	2	8,598
Nassau.....	381,051	22	17,321				
Niagara.....	162,447	12	13,537	Total.....	5,986,180	523	11,446
Oneida.....	199,498	15	13,300				

* Includes public health nurses employed by: 1. State Department of Health for Rural Work; 2. County boards of supervisors; 3. City boards of health; 4. Village boards of health; and Town boards of health. This table does not include public health nurses: 1. Doing school work exclusively or employed by boards of education; or, Working under Visiting Nursing Association, the American Red Cross, and industrial or insurance companies. Data from records in the Public Health Nursing Division, State Department of Health, as of February 23, 1939.

TABLE NO. 4

NEW YORK STATE

(Exclusive of New York City)

Number and distribution of registered nurses, classified by counties, by type of work, and by type of employer, including governmental and non-governmental agencies.

COUNTY	PUBLIC HEALTH										PRIVATE DUTY AND INSTITUTIONAL				
	Grand total	Total	State rural	County	City boards of health	Village and town boards of health	City boards of education	Other local boards of education	Public health nursing associations	Other private health agencies	Industrial	Insurance	Total	Private duty	Institutional
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
Albany.....	813	67	3	.....2	116	.....	16	6	15	4	2	5	746	435	311
Allegany.....	52	9	1	.....	.....	.....	.....	6	.....	.....	.....	.....	43	41	2
Broome.....	868	69	.....	.....	.....	.....	.....	5	.....	.....	.....	.....	799	425	374
Cattaraugus.....	140	21	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	119	71	48
Cayuga.....	197	21	1	.....	.....	.....	.....	6	.....	.....	.....	.....	176	121	55
Chautauqua.....	309	28	1	.....	.....	.....	.....	5	.....	.....	.....	.....	281	166	115
Chemung.....	305	22	.....	.....	.....	.....	.....	4	.....	.....	.....	.....	283	195	88
Chenango.....	75	7	.....	.....	.....	.....	.....	5	.....	.....	.....	.....	68	44	24
Clinton.....	149	8	2	.....	.....	.....	.....	1	.....	.....	.....	.....	141	96	45
Columbia.....	133	13	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	120	82	38
Cortland.....	152	11	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	141	88	53
Delaware.....	55	12	.....	.....	.....	.....	.....	5	.....	.....	.....	.....	43	33	10
Dutchess.....	531	32	.....	.....	.....	.....	.....	5	.....	.....	.....	.....	499	241	258
Erie.....	1,875	203	.....	.....	.....	.....	.....	17	56	.....	.....	.....	1,672	930	742
Essex.....	137	12	.....	.....	.....	.....	.....	5	.....	.....	.....	.....	125	61	64

Franklin.....	150	9	1	2	.....	1	.....	3	.....	1	.....	1	.....	141	77	64
Fulton.....	154	14	2	.....	1	.....	.....	.....	.....	3	.....	2	.....	140	120	20
Genesee.....	66	8	.....	2	1	.....	.....	.....	.....	.....	.....	2	.....	68	34	24
Greene.....	71	5	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	66	46	20
Hamilton.....	4	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	3	0
Herkimer.....	151	19	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	132	91	41
Jefferson.....	283	18	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	265	201	64
Lewis.....	45	3	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	42	28	14
Livingston.....	113	10	1	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	103	31	72
Madison.....	113	8	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	105	74	31
Monroe.....	1,539	155	.....	3	73	7	.....	.....	.....	.....	.....	.....	.....	1,384	767	617
Montgomery.....	209	31	6	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	178	142	36
Nassau.....	822	121	.....	22	.....	.....	.....	.....	.....	.....	.....	.....	.....	701	536	165
Niagara.....	357	52	.....	2	10	.....	.....	.....	.....	.....	.....	.....	.....	305	173	132
Oneida.....	788	64	.....	5	.....	.....	.....	.....	.....	.....	.....	.....	.....	724	453	271
Onondaga.....	1,025	126	.....	6	40	.....	.....	.....	.....	.....	.....	.....	.....	899	535	364
Ontario.....	263	17	1	4	1	.....	.....	.....	.....	.....	.....	.....	.....	246	130	116
Orange.....	407	29	.....	5	7	6	.....	.....	.....	.....	.....	.....	.....	378	211	107
Orleans.....	40	4	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	36	20	16
Oswego.....	128	15	2	1	4	.....	.....	.....	.....	.....	.....	.....	.....	113	80	33
Otsego.....	153	14	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	139	67	72
Putnam.....	31	8	.....	6	.....	.....	.....	.....	.....	.....	.....	.....	.....	23	11	12
Rensselaer.....	493	29	.....	3	7	.....	.....	.....	.....	.....	.....	.....	.....	464	303	161
Rockland.....	198	22	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	176	99	77
St. Lawrence.....	276	23	11	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	253	137	116
Saratoga.....	192	17	.....	3	1	.....	.....	.....	.....	.....	.....	.....	.....	175	108	67
Schenectady.....	408	58	.....	3	12	.....	.....	.....	.....	.....	.....	.....	.....	350	227	123
Schoharie.....	21	7	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	14	14	.....
Schuyler.....	24	4	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	20	15	5
Seneca.....	118	8	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	110	41	69

¹ Four nurses employed by city boards of health for school work.

² One nurse employed by State Department of Health and assigned to syphilis control.

³ One nurse subsidized by American Red Cross funds.

⁴ Two nurses employed by city boards of health for school work.

⁵ One nurse employed by State Department of Health and assigned to syphilis control, and

thirty-two nurses employed by city boards of health for school work.

⁶ Sixty-nine nurses employed by city boards of health for school work.

⁷ Two nurses employed by State Department of Health and assigned to syphilis co

TABLE NO. 4—(Continued)

COUNTY	PUBLIC HEALTH										PRIVATE DUTY AND INSTITUTIONAL				
	Grand total	Total	State rural	County	City boards of health	Village and town boards of health	City boards of education	Other local boards of education	Public health nursing associations	Other private health agencies	Industrial	Insurance	Total	Private duty	Institutional
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
Steuben.....	184	21	1	2	5	.....	3	5	.....	.....	3	2	163	114	49
Suffolk.....	449	47	.....	17	.....	.....	.....	20	1	7	.....	2	402	144	258
Sullivan.....	45	5	1	.....	.....	.....	.....	4	.....	.....	.....	.....	40	27	13
Tioga.....	51	4	.....	.....	.....	.....	.....	3	.....	1	.....	.....	47	33	14
Tompkins.....	195	15	1	3	3	.....	3	1	.....	.....	12	.....	180	96	84
Ulster.....	283	17	2	.....	23	3	3	3	.....	1	.....	1	266	197	69
Warren.....	177	11	.....	3	3	.....	1	1	.....	1	.....	2	166	129	37
Washington.....	86	11	2	2	.....	.....	.....	6	.....	.....	1	.....	75	51	24
Wayne.....	97	9	.....	2	.....	1	.....	5	.....	.....	.....	.....	88	45	43
Westchester.....	1,716	177	.....	24	27	11	29	31	44	5	4	2	1,539	933	606
Wyoming.....	33	5	.....	2	.....	.....	.....	3	.....	.....	.....	.....	28	22	6
Yates.....	35	4	.....	2	.....	.....	.....	2	.....	.....	.....	.....	31	22	9
Total Upstate.....	17,784	1,760	55	196	333	50	205	336	259½	72½	170	83	16,024	9,594	6,430

¹ Subsidized by American Red Cross funds.

² One nurse employed by State Department of Health and assigned to syphilis control and two nurses assigned to maternal and child welfare in cities.

³ Two nurses employed by State Department of Health and assigned to syphilis control and four nurses employed by city boards of health for school work.

TABLE NO. 5
NEW YORK STATE

(Exclusive of New York City)

Number and distribution of licensed physicians*: Classified by counties, and by types of practice or professional activity.

	Total	Private practice general	Private practice limited to a speciality	Interns	Public health	Teachers	Laboratory work	Residents of hospitals and institutions	Retired or not in practice
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Albany.....	419	200	62	30	43	43	10	24	7
Allegany.....	37	36	.....	.....	.....	.....	.....	.....	1
Broome.....	275	140	67	21	3	.....	2	36	6
Cattaraugus.....	84	70	8	.....	1	.....	.....	2	3
Cayuga.....	79	61	16	.....	.....	.....	.....	.....	2
Chautauqua.....	137	103	24	.....	2	.....	.....	.....	8
Chemung.....	105	68	13	7	.....	.....	2	5	10
Chenango.....	34	32	2	.....	.....	.....	.....	.....	.....
Clinton.....	56	37	10	.....	.....	.....	.....	9	.....
Columbia.....	45	36	5	.....	1	.....	.....	2	1
Cortland.....	44	37	5	.....	1	.....	.....	.....	1
Delaware.....	44	41	.....	.....	.....	.....	.....	.....	3
Dutchess.....	239	113	36	4	2	1	3	65	15
Erie.....	1,295	808	205	58	9	73	7	86	49
Essex.....	62	49	4	.....	.....	.....	.....	8	1
Franklin.....	92	51	13	.....	1	.....	2	18	7
Fulton.....	66	55	5	.....	1	.....	1	2	2
Genesee.....	64	37	6	.....	1	.....	.....	13	7
Greene.....	37	35	1	.....	.....	.....	.....	.....	1
Hamilton.....	8	8	.....	.....	.....	.....	.....	.....	.....
Herkimer.....	69	63	4	.....	.....	.....	.....	.....	2
Jefferson.....	106	76	22	.....	.....	.....	1	2	5
Lewis.....	19	17	1	.....	.....	.....	.....	.....	1
Livingston.....	65	46	5	.....	.....	.....	.....	6	8
Madison.....	60	52	4	.....	.....	.....	.....	.....	4
Monroe.....	684	368	160	.....	3	54	5	76	18
Montgomery.....	63	50	7	.....	2	1	2	.....	1
Nassau.....	476	366	57	10	1	1	2	17	22
Niagara.....	175	145	13	.....	1	1	3	6	6
Oneida.....	281	194	54	.....	2	1	3	20	7
Onondaga.....	506	283	66	24	4	100	2	14	13
Ontario.....	97	55	18	.....	1	.....	1	11	11
Orange.....	200	126	33	.....	1	1	1	32	6
Orleans.....	31	28	2	.....	.....	.....	.....	.....	1
Oswego.....	69	59	5	.....	.....	.....	.....	1	4
Otsego.....	80	47	9	3	.....	1	.....	14	6
Putnam.....	27	15	1	.....	1	.....	.....	.....	10
Rensselaer.....	157	110	29	5	3	2	2	2	4
Rockland.....	118	82	12	.....	.....	1	2	14	7
St. Lawrence.....	120	77	13	.....	1	.....	.....	25	4
Saratoga.....	81	63	9	.....	.....	1	2	4	2
Schenectady.....	172	121	30	4	.....	1	1	5	10
Schoharie.....	23	23	.....	.....	.....	.....	.....	.....	.....
Schuyler.....	11	11	.....	.....	.....	.....	.....	.....	.....
Seneca.....	39	30	5	.....	.....	.....	.....	3	1
Steuben.....	104	77	9	.....	2	.....	.....	11	5
Suffolk.....	324	211	44	.....	5	.....	.....	34	30
Sullivan.....	62	47	7	.....	.....	.....	1	4	3
Tioga.....	37	34	2	.....	.....	.....	.....	.....	1
Tompkins.....	91	39	22	.....	3	14	2	6	5
Ulster.....	111	83	17	1	.....	.....	1	2	7
Warren.....	69	44	18	.....	1	.....	1	1	4
Washington.....	44	40	1	.....	.....	.....	.....	1	2
Wayne.....	67	57	6	.....	.....	.....	.....	1	3
Westchester.....	972	606	157	43	9	9	7	65	76
Wyoming.....	43	38	2	.....	.....	.....	.....	1	2
Yates.....	27	24	1	.....	.....	.....	.....	2	.....
	8,899	5,821	1,327	210	105	305	66	650	415

Total physicians doing active work — 8,484.

* Data taken from the Directory of the American Medical Association, 1938.

TABLE NO. 6
NEW YORK STATE
Number and Distribution of All Hospitals and Hospital Beds by Type of Facilities and Administrative Agency, by Counties

COUNTY	ALL HOSPITALS		NON-GOVERNMENTAL HOSPITALS										TOTAL NON-GOVERN- MENTAL HOSPITALS
	Total number of hos- pitals	Total number of beds	VOLUNTARY				INDIVIDUAL				No.	Beds	
			General		Special		General		Special				
			No.	Beds	No.	Beds	No.	Beds	No.	Beds			
Albany.....	11	1,427	4	993	5	372	.....	.....	1	10	10	1,375
Allegany.....	3	95	2	40	.....	.....	.....	.....	.....	.....	2	40
Bronx.....	8	3,990	2	442	.....	.....	.....	.....	2	78	4	520
Cattaraugus.....	6	749	2	128	.....	.....	1	43	.....	.....	3	171
Cayuga.....	3	284	2	249	.....	.....	.....	.....	.....	.....	2	249
Chautauque.....	4	485	2	188	.....	.....	.....	.....	.....	.....	2	188
Chemung.....	8	583	2	331	.....	.....	.....	.....	2	34	4	365
Chenango.....	4	181	1	73	.....	.....	1	15	.....	.....	2	88
Clinton.....	5	1,508	2	226	.....	.....	.....	.....	.....	.....	2	226
Columbia.....	4	302	1	115	.....	55	.....	.....	.....	.....	2	170
Cortland.....	2	171	1	154	.....	.....	1	17	.....	.....	2	171
Delaware.....	5	95	3	48	.....	.....	.....	.....	.....	.....	3	48
Dutchess.....	17	15,414	5	457	4	196	.....	.....	1	9	10	662
Erie.....	27	9,396	10	2,044	5	421	2	108	2	145	19	2,718	
Essex.....	8	641	3	79	1	195	1	114	1	25	6	313	
Franklin.....	11	1,168	3	164	7	484	.....	.....	.....	.....	10	648
Fulton.....	1	120	1	120	.....	.....	.....	.....	.....	.....	1	120
Genesee.....	3	434	2	155	.....	.....	.....	.....	.....	.....	2	155
Greene.....	2	92	.....	.....	1	30	.....	.....	.....	.....	1	30
Hamilton.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Herkimer.....	5	227	3	119	.....	.....	.....	.....	.....	.....	3	119
Jefferson.....	9	475	2	262	.....	.....	2	43	.....	.....	4	305
Lewis.....	1	49	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Livingston.....	3	2,462	1	26	.....	.....	.....	.....	.....	.....	1	26
Madison.....	3	146	.....	.....	.....	.....	1	19	.....	.....	1	19
Monroe.....	17	6,059	6	1,434	1	50	2	58	3	85	12	1,627	
Montgomery.....	3	284	2	212	.....	.....	.....	.....	.....	.....	2	212
Nassau.....	11	1,328	4	380	1	77	2	100	1	40	8	597	
Niagara.....	7	786	2	356	.....	.....	.....	.....	.....	.....	2	356
Oneida.....	16	9,079	4	524	1	40	3	313	1	15	9	892	

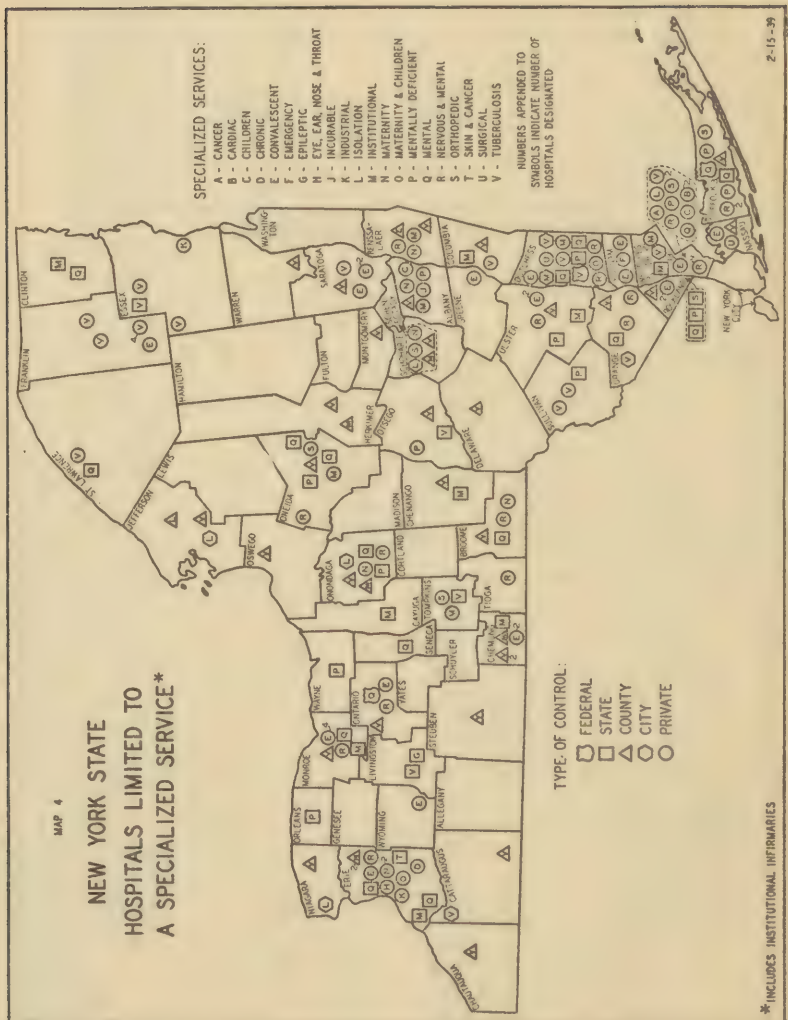
TABLE NO. 6—(Concluded)

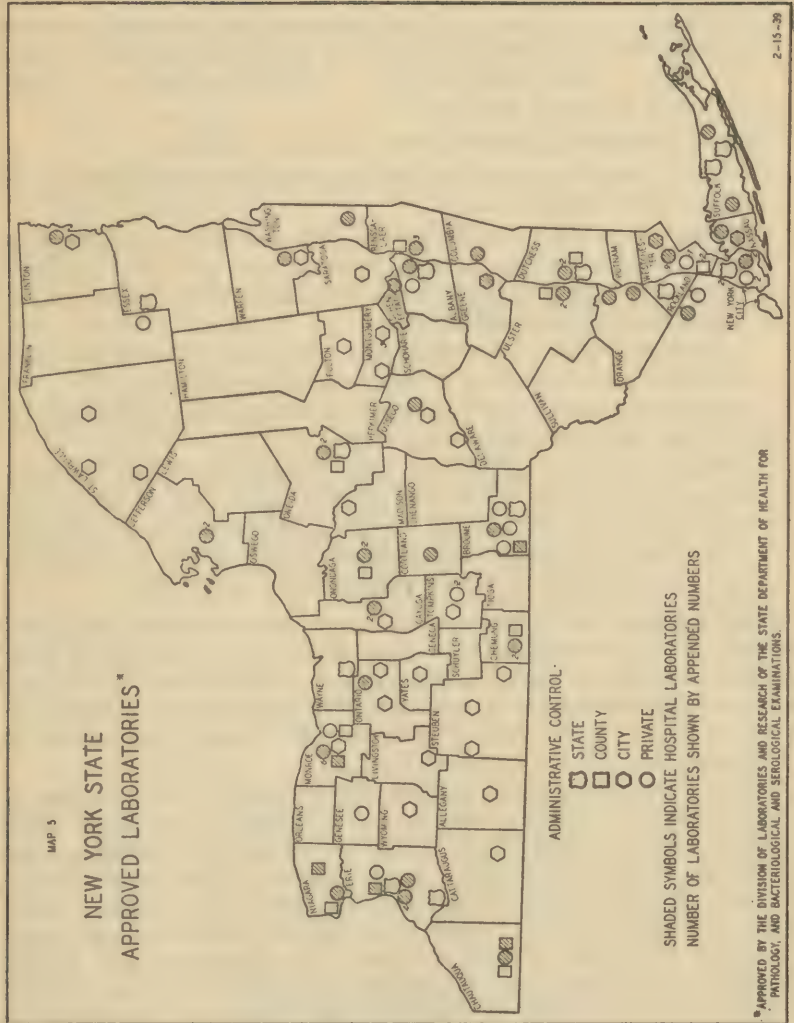
COUNTY	GOVERNMENTAL HOSPITALS												TOTAL GOVERNMENTAL HOSPITALS	
	FEDERAL				STATE				COUNTY					
	General		Special		General		Special		General		Special			
	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds		
Otsego.....	2	276
Putnam.....	1	250	...	...	...	...	...
Rensselaer.....
Rockland.....	3	8,834	...	2	205	...	...	...	2	205
St. Lawrence.....	1	2,252	...	1	74	...	...	...	4	8,908
Saratoga.....	1	2,252
Schenectady.....	1	100	...	...	...	1	100
Schoharie.....	2	191	...	...	...	3	226
Schuyler.....
Seneca.....	1	2,909	...	...	...	...	...	...	2	2,946
Steuben.....	1	403	...	...	...	...	...	...	...	...	...	...	...	...
Suffolk.....	1	66	...	2,220	...	...	...	1	59	...	...	...	2	462
Sullivan.....	1	162	...	...	...	6	20,590
Tioga.....	1	750
Tompkins.....
Ulster.....
Warren.....	3	104
Washington.....
Wayne.....
Westchester.....	1	125	...	...	...	...	...	...	...	...	...	...	...	...
Wyoming.....
Yates.....	1	129
Upstate New York ¹	11	1,327	4	4,334	...	...	...	...	...	...	...	...	...	...
New York City ²	131	93,607
Total New York State ³	35	33,824
Total New York State ³	166	127,431

* Institutions having a general hospital.

** These special hospitals include 27 mental hospitals with a bed capacity of 74,242.

¹ Data from "Facilities for Medical Care" file, New York State Department of Health, July 1, 1938 — The American Medical Association List, and New York State Department of Social Welfare Hospital Directory, 1935.³ Based on figures in Hospital Number, Journal of the American Medical Association, Vol. 110, No. 13, March 26, 1938, pp. 963-967.





How These Medical Resources Are Used

General Considerations—The availability of a physician, a dentist, a nurse or a hospital does not always mean that they will be used when needed. Just as the medical resources listed above *are available to* the inhabitants of New York State in a varying degree because of geographic or other physical barriers—to a greater extent, these same medical resources *are utilized by* these same inhabitants of New York State in a varying degree, because of the more imponderable—but nonetheless real—economic, psychological or social barriers.

Several nation-wide health surveys have revealed:

That four out of every 100 men, women and children are sick on any average day;

That four out of every 10 people who are sick, receive no medical care—either because they do not ask for it, do not know where they can get it, do not know they need it or, do not think they can afford it;

That sickness is directly responsible for 30 to 40 per cent of all persons requiring public or private charity;

That one billion days of work and customary activities are lost annually through sickness;

That the cost of illness and premature death amounts annually to about 10 billion dollars, including in this total, with the combined cost of health services and medical care, loss of wages through unemployment resulting from disability and loss of potential future earnings through death.

In a normal year about one-third of this 10 billion dollars is actually spent for medical care—and about three-quarters of these medical expenditures are made by patients themselves, the balance is met by government or by private industry and philanthropy in about a two to one ratio—with the government assuming an increasing share of the cost each year.

State Participation in Medical Care—State participation in medical care is indeed a reality. The State of New York itself operates hospitals and other facilities and provides curative and preventive services through a large number of the State departments; the Department of Mental Hygiene cares for and maintains some 80,000 mental patients in its mental hospitals at a cost of nearly 40 million dollars per year; the Department of Health operates tuberculosis and other hospitals, conducts the work of prevention and control of communicable diseases throughout the State and has undertaken special programs for the control of pneumonia, syphilis, and cancer; the Department of Social Welfare provides State aid for a wide range of medical services and supplies for almost one-tenth of the population who are in receipt of public assistance—and in addition supervises over 1,000 hospitals, sanatoria and dispensaries, which annually treat some 500,000 patients at public expense; the Departments of Correction,

Education, Labor and, to a lesser degree, the Departments of Agriculture and Markets, Conservation and, such special State authorities as the Saratoga Springs Commission provide medical care or related health services, either directly or indirectly, in a varying degree. In fact, there is scarcely a department or agency in the State that does not play some rôle in the conservation of the health of her citizens. It is estimated that the total annual expenditures from Federal, State and local funds for medical care amount to more than half a billion dollars in the Nation and at least 100 million dollars in the State of New York.

A careful review of this patchwork of facilities and services shows a tremendous amount of overlapping—and sometimes unnecessary duplication—and reveals the need for a more closely co-ordinated policy on a State level, in matters relating to the maintenance of health and the prevention and treatment of disease.

Municipal or Local Participation in Medical Care—The municipal subdivisions of the State of New York, which include: New York City, with its five county boroughs; 57 counties, exclusive of New York City; 59 additional cities; 932 towns; about 550 villages; and more than 2,000 special districts—also provide preventive and curative facilities and services, in a varying degree. If to this list is added the 10,000 school districts which have certain statutory duties in regard to the conservation of the health of public school children, we find a grand total of more than 13,000 major and minor governmental subdivisions potentially involved—if only for the purposes of consolidation—in the development of a comprehensive long range health program for the citizens of the State. Since very little progress has been made in the consolidation or abolition of minor governmental subdivisions since 1930, Table No. 7, on page 40, showing a summary by counties of all major and minor governmental subdivisions is reproduced from the report of the last State Health Commission issued in 1932.

Local Participation in Health Services—In New York State, exclusive of New York City, there were in 1938, 1,149 local health jurisdictions, covering more than 1,500 primary health jurisdictions, embracing the following types of health districts: 6 counties; 54 cities; 676 towns; 265 villages; 148 consolidated towns and villages—administered by 770 local physicians employed as local health officers, among which only the 6 counties and 14 cities employ these physicians on a full time basis. The great majority of the remaining 750 physicians who serve as local health officers in the State, give only part time service and earn their living primarily by the practice of medicine. Hence, even in these local health jurisdictions, which provide health services varying tremendously in quantity and quality, there is still a need for consolidation and simplification.

TABLE NO. 7*

NEW YORK STATE

Summary by counties of all major and minor governmental sub-divisions.

COUNTIES	GOVERNMENTAL SUBDIVISION				SCHOOL DISTRICTS				
	Cities	Towns	Village	Special districts	City	Villages	Super-visory	Rural	Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Total.....	59	932	535	2,368	57	83	210	9,233	13,477
Albany.....	3	10	6	34	3	1	3	135	195
Allegany.....	0	29	12	19	0	1	5	219	285
Bronx ¹.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Broome.....	1	16	7	28	1	2	4	196	255
Cattaraugus.....	2	33	13	16	2	0	5	261	332
Cayuga.....	1	23	9	21	1	0	5	204	264
Chautauqua.....	2	27	15	38	2	1	6	271	362
Chemung.....	1	11	5	15	1	1	2	102	138
Chemango.....	1	21	8	16	1	0	5	197	249
Clinton.....	1	14	5	19	1	1	4	182	227
Columbia.....	1	18	4	31	1	0	3	137	195
Cortland.....	1	15	3	7	1	0	3	129	159
Delaware.....	0	19	11	37	0	0	6	299	372
Dutchess.....	2	20	8	32	2	0	4	171	239
Erie.....	3	25	15	383	3	6	5	238	678
Essex.....	0	18	7	15	0	1	3	125	169
Franklin.....	0	19	7	13	0	2	4	157	202
Fulton.....	2	10	4	.....	2	0	2	73	93
Genesee.....	1	13	6	.....	1	1	2	113	137
Greene.....	0	14	5	30	0	1	3	133	186
Hamilton.....	0	9	1	.....	0	0	1	16	27
Herkimer.....	1	19	10	16	1	3	4	163	217
Jefferson.....	1	22	21	21	1	1	6	313	386
Kings ¹.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Lewis.....	0	18	9	6	0	0	4	166	203
Livingston.....	0	17	9	17	0	1	3	164	211
Madison.....	1	15	9	23	1	1	4	136	190
Monroe.....	1	19	10	408	1	2	4	161	606
Montgomery.....	1	10	10	3	1	0	2	101	128
Nassau.....	2	3	45	156	1	16	2	44	260
New York ¹.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Niagara.....	3	12	5	22	3	0	3	147	195
Oneida.....	3	26	19	52	2	0	7	312	421
Onondaga.....	1	19	15	72	1	2	5	229	344
Ontario.....	2	16	9	13	2	0	4	175	221
Orange.....	3	20	14	41	3	1	3	147	232
Orleans.....	0	10	4	22	0	2	3	117	158
Oswego.....	2	22	10	12	2	0	5	244	297
Otsego.....	1	24	10	41	1	0	6	221	304
Putnam.....	0	6	3	6	0	0	1	42	58
Queens ¹.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Rensselaer.....	2	14	5	30	2	1	3	140	197
Richmond ¹.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Rockland.....	0	5	11	45	0	3	1	43	108
St. Lawrence.....	1	32	13	32	1	2	8	438	527
Saratoga.....	2	19	8	33	2	2	4	163	233
Schenectady.....	1	5	2	36	1	1	1	48	95
Schoharie.....	0	16	6	8	0	0	3	137	170
Schuyler.....	0	8	4	.....	0	0	2	89	103
Seneca.....	0	10	5	10	0	1	2	81	109
Steuben.....	2	32	15	11	2	1	7	346	416
Suffolk.....	0	10	26	160	0	4	3	114	317
Sullivan.....	0	15	6	53	0	0	3	154	231
Tioga.....	0	9	6	4	0	2	3	141	165
Tompkins.....	1	9	5	16	1	0	3	143	178
Ulster.....	1	20	5	37	1	1	6	189	260
Warren.....	1	11	1	17	1	1	3	76	111
Washington.....	0	17	9	14	0	2	4	193	239
Wayne.....	0	15	9	40	0	1	4	177	246
Westchester.....	4	18	24	124	4	12	4	64	254
Wyoming.....	0	16	9	12	0	1	3	155	196
Yates.....	0	9	3	1	0	1	2	102	118

* "Public Health in New York State," Report of the New York State Health Commission, Albany, N. Y., 1932, page 76.

¹ Boroughs of New York City.

STATE ADMINISTRATION OF HEALTH PROGRAM

General Considerations—In the preceding pages a brief picture has been given of the medical and health resources of the State of New York, showing *what* they are, *where* they are, and a slight indication of *how* they are used. In order that certain basic responsibilities of the State may be discharged more effectively, there has been a distinct trend toward decentralization of State functions to administrative districts, so that the professional and technical services and facilities of the State agencies may be within easy reach of the individual communities, to meet needs promptly as they arise. Examples are given below, to show the variations in present decentralization in the three fields: preventive or health services; institutional or hospital services; and curative or public medical care services.

Preventive or Health Services Decentralized—The State Department of Health pursuant to the recommendations of the 1913 Health Commission has established 20 sanitary districts, to carry out the health administrative and advisory functions of the department on a decentralized basis. These districts are shown in Map No. 6, on page 43.

Hospital Services Decentralized—A typical example of the operation of institutional services and facilities on a decentralized basis, is the District Tuberculosis System, which serves four State tuberculosis hospital districts, under the aegis of the State Department of Health. These districts are shown in Map No. 7, on page 44.

Curative or Public Medical Care Services Decentralized—Although public medical care is provided directly by local municipalities, administration and supervision of State aid for certain types of such care given as part of public assistance is provided on a decentralized basis through the seven administrative areas of the State Department of Social Welfare. These administrative areas are shown in Map No. 8, on page 45.

State-aided Public Medical Care—As an example of present trends in State-aided public medical care, Table No. 8, on page 46, shows \$11,368,506.47 of State and local expenditures for medical care for persons receiving home relief, or "general" relief during the period July 1, 1932, through December 31, 1937.

First under the Temporary Emergency Relief Administration and since July 1, 1937, on a permanent basis, under the State Department of Social Welfare, the State policy with respect to State aid for eligible expenditures for public medical care has pre-supposed the continuation of all medical, nursing and dental services already established in the community and paid for in whole or in part from local or State funds in accordance with local statutes or charter provisions.

Hence, the participation of local communities in State aid for public medical care has been in inverse proportion, both to the size of the municipality and the availability of established outpatient and salaried medical, dental and nursing services, and State

aid has been used to make public medical care more readily available in the rural areas and in smaller communities which had no, or very few, facilities for giving medical care to those hitherto unable to provide it for themselves. This program, in the rural areas especially, has enabled many physicians, dentists and nurses to receive a not inconsiderable proportion of their income from public funds.

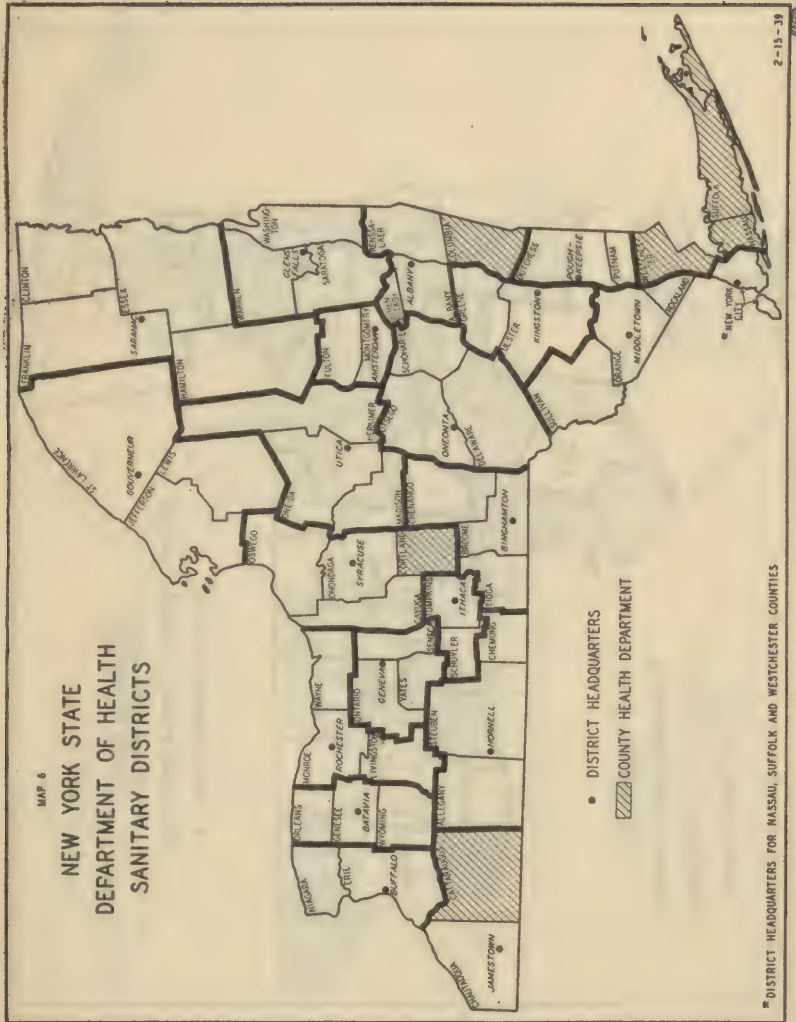
The expenditures listed in Table No. 8, on page 46, include not only the services of a general practitioner but also the services of a specialist, as well as dental care, nursing care in the home, and necessary drugs, sick room supplies, and prosthetic devices. They do not include hospital care which, traditionally and by statute in New York State, has been a local responsibility, except for illnesses requiring prolonged or permanent institutional care—notably for the insane and mentally ill.

In the State of New York, public medical care can be based primarily on the existence of medical need and not merely on the existence of destitution. The basic statutory provision—section 83, of the Public Welfare Law—reads:

“§ 83. *Responsibility for providing medical care.* The public welfare district shall be responsible for providing necessary medical care for all persons under its care, *and for such persons otherwise able to maintain themselves*, who are unable to secure necessary medical care. Such care may be given in dispensaries, hospitals, the person's home or other suitable place.”

To paraphrase the findings of an international health organization—“In the largest sense, effective *public medical care* may be considered as indicating a medical service organized in such a way as to place at the disposal of the population all the facilities of modern medicine in order to promote health and to detect and treat illnesses from their incipency. *Public medical care* must be concerned with the promotion and preservation of health, as well as with the treatment of disease.”

Finally, in the development of a permanent program of public medical care as part of a long range health program for the State of New York, consideration should be given to the varying needs of different localities and persons. For in matters of health and social growth the individual is everything. We must not forget the axiom that “Progress depends on the room left by the State for the enterprise, energy and initiative of the individual.” Yet we must always remember that one of the prime aims of organization and co-ordination in the field of medical care is the attainment of a continuity and high quality of care, so that each citizen of the State of New York may have an equal opportunity for health.



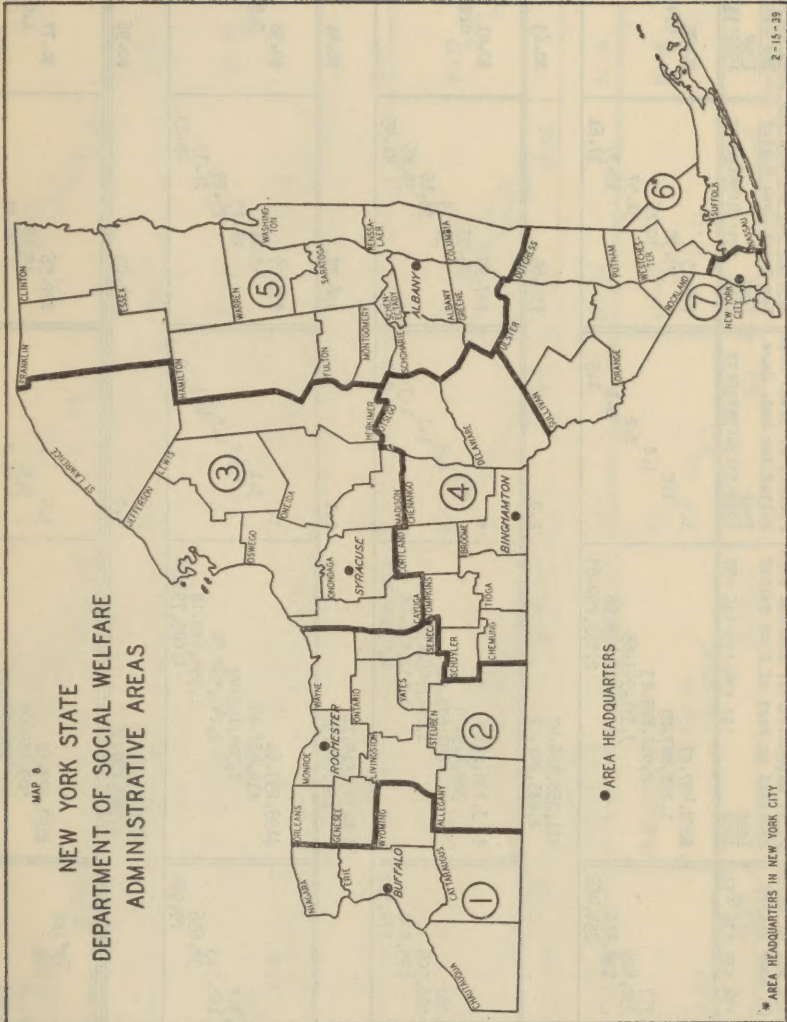


TABLE NO. 8

NEW YORK STATE

State and Local Expenditures for Medical Care - Home Relief Cases
Five and One-half Year Period: July 1, 1932 through December 31, 1937

Population Groups	Monthly Average No. of Cases (Families) on Home Relief	Total Expenditures: Medical Care Provided as Part of Home Relief	Percent of Total Home Relief for Med. Care	Average No. Expend. per Home Relief Case	Average No. Expend. per Home Relief Case (Family)
	Year	Year	Year	Year	Year
	1932	1932	1932	1932	1932
New York State	134,160	\$202,497.87	1.0	\$24.15	\$0.25
7/1 - 12/31/32	224,666	1,158,867.23	1.8	25.98	0.43
Year - 1933	306,317	2,018,825.83	1.8	30.86	0.55
Year - 1934	392,429	3,341,507.65	2.2	31.57	0.71
Year - 1935	294,456	2,187,495.26	2.1	33.35	0.70
Year - 1936	254,466	2,159,292.53	1.9	37.61	0.71
Year - 1937					
Total - 5½ Years	294,467	\$11,368,506.47	2.0	\$31.65	\$0.63
Average-5 Years		2,233,201.72			
New York City	47,647	\$ 3,198.25	0.9	\$27.90	\$0.01
7/1 - 12/31/32	108,547	344,419.79	0.9	29.53	0.26
Year - 1933	175,002	697,672.81	1.1	37.39	0.33
Year - 1934	226,906	1,091,909.09	1.3	36.16	0.40
Year - 1935	195,800	1,132,816.08	1.2	36.86	0.48
Year - 1936	174,902	1,073,499.09		41.45	0.51
Year - 1937					
Total - 5½ Years	176,151	\$ 4,343,515.11	1.1	\$36.78	\$0.41
Average-5 Years		868,063.37			
Upstate New York	86,513	\$199,899.62	1.7	\$22.09	\$0.38
7/1 - 12/31/32	116,119	814,467.44	3.1	18.80	0.58
Year - 1933	131,315	1,321,153.02	3.8	22.15	0.84
Year - 1934	165,593	2,249,598.56	4.5	25.29	1.13
Year - 1935	98,666	1,354,679.18	4.3	26.39	1.14
Year - 1936	79,964	1,065,793.54	3.9	29.23	1.13
Year - 1937					
Total - 5½ Years	118,315	\$7,024,991.36	4.0	\$24.03	\$0.96
Average-5 Years		1,365,138.35			
Counties, excl. of Cities	26,832	\$123,723.62	3.4	\$22.56	\$0.77
7/1 - 12/31/32	39,071	509,459.00	5.9	18.28	1.09
Year - 1933	52,205	862,849.98	6.7	20.21	1.36
Year - 1934	67,970	1,504,141.73	7.5	23.63	1.85
Year - 1935	41,513	902,338.48	7.2	25.15	1.81
Year - 1936	35,551	746,785.33	6.7	27.78	1.85
Year - 1937					
Total - 5½ Years	46,853	\$4,639,298.14	7.0	\$22.82	\$1.61
Average-5 Years		903,114.90			

TABLE NO. 8

CITIES									
100,000 and over									
7/1 - 12/31/32	36,372	\$ 29,364.80	0.6	\$23.55	\$0.13				
Year - 1933	46,374	104,465.74	0.9	19.94	0.19				
Year - 1934		166,556.75	1.1	26.06	0.29				
Year - 1935	47,142	314,642.30	1.6	28.19	0.44				
Year - 1936	59,932	173,027.28	1.5	28.31	0.42				
Year - 1937	34,146	138,995.97	1.2	31.88	0.39				
Total - 5½ Years	43,416	\$927,052.84	1.3	\$26.47	\$0.34				
Average-5 Years		179,557.61							
20,000 under									
100,000									
7/1 - 12/31/32	7,852	\$ 6,500.20	0.7	\$16.60	\$0.14				
Year - 1933	10,808	42,439.14	1.8	17.76	0.33				
Year - 1934		80,070.24	3.2	19.62	0.64				
Year - 1935	10,488	121,693.06	3.2	24.44	0.78				
Year - 1936	13,015	87,130.31	3.4	27.53	0.94				
Year - 1937	7,688	55,958.78	2.6	29.92	0.78				
Total - 5½ Years	9,597	\$393,791.73	2.9	\$23.08	\$0.67				
Average-5 Years		77,458.31							
25,000 under									
100,000									
7/1 - 12/31/32	7,003	\$ 15,590.02	1.6	\$22.78	\$0.37				
Year - 1933	8,923	71,336.11	3.2	21.02	0.67				
Year - 1934	10,469	128,435.41	4.6	22.08	1.02				
Year - 1935	12,406	174,539.00	4.3	25.24	1.17				
Year - 1936	8,209	112,489.98	4.4	26.63	1.14				
Year - 1937	6,016	89,152.40	4.4	28.01	1.23				
Total - 5½ Years	9,204	\$591,644.92	4.3	\$24.35	\$1.04				
Average-5 Years		115,190.98							
Under 25,000									
100,000									
7/1 - 12/31/32	8,454	\$ 24,120.98	2.8	\$16.96	\$0.48				
Year - 1933	10,943	86,765.45	4.4	15.00	0.66				
Year - 1934	11,010	93,240.64	4.1	17.11	0.70				
Year - 1935	12,241	134,582.47	4.3	21.18	0.92				
Year - 1936	7,100	79,693.13	4.1	22.94	0.94				
Year - 1937	4,928	54,901.06	3.9	28.96	0.93				
Total - 5½ Years	9,244	\$473,303.73	4.2	\$19.34	\$0.81				
Average-5 Years		89,436.55							

*Less than 0.14

H.J. Davis, M.D. Feb. 26, 1938

NEW YORK STATE DISTRIBUTION OF PHYSICIANS

- WITHIN 5 TO 10 MILES OF A PHYSICIAN HOME OR MORE
- ▨ BETWEEN 5 AND 10 MILES
- ▨ MORE THAN 10 MILES

